SCC eFile	2013 ANNUAL REPORT 213531654 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION					
1.) CORPORATION NAME:			DUE DATE:	7/31/2013		
Twelfth Masonic Building Co 2.) VA REGISTERED AGENT NA BOBBY SALTER	-			SCC ID NO: 01220763		
4050 HICKORY COURT			5.) STOCK INFORMATION			
PETERSBURG, VA			CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REPETERSBURG CITY	GISTERED OFFICE:		COMMON	6,122		
4.) STATE OR COUNTRY OF INC VA	CORPORATION:					
6.) PRINCIPAL OFFICE ADDRES	S:					
ADDRESS: 10041	HALIFAX ST					
CITY/ST/ZIP: PET	ERSBURG, VA 23803					
7.) DIRECTORS AND PRINCIPAL			officers must th a director a	be listed. An individund an officer.	ual	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ORLANDO JAMES PRESIDENT 14234 WOODLAND HILL DRIVE PETERSBURG, VA 23803	X OFFIC	EER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH DIGGS VICE PRESIDENT 1547 DINWIDDIE COURT PETERSBURG, VA 23803	X OFFIC	EER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH LEWIS TREASURER 611 TOLL GATE LANE PETERSBURG, VA 23803	X OFFIC	ER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOBBY SALTER SECRETARY 4050 HICKORY COURT PETERSBURG, VA 23803	X OFFIC	ER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRAVIS EDMONDS DIRECTOR 6341 BLOSSOM VIEW LANE PETERSBURG, VA 23803	OFFIC	EER	X DIRECTOR		
NAME: TITLE: ADDRESS:	JUNIOUS HARRIS DIRECTOR 5618 BELL STREET	OFFIC	CER	X DIRECTOR		

PETERSBURG, VA 23803

CITY/ST/ZIP/CO:

				OFFICER	χ DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JOHNSON DIRECTOR 1004 PETERSBURG, VA 23803		1			
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CEDRIC LAWRENCE DIRECTOR 13102 ROCKRIDGE ROAD CHESTERFIELD, VA 23831		OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARROLL MICKENS DIRECTOR 1624 DARBY DRIVE PETERSBURG, VA 23803		OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY MOODY DIRECTOR 2411 FORT LEE RD PETERSBURG, VA 23803		OFFICER	x DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVIE WEBSTER DIRECTOR 1525 SOUTH CREEK DRIVE SOUTH CHESTERFIELD, VA 23	834	OFFICER	X DIRECTOR		
	NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG WHITTED DIRECTOR 2500 PINEHURST DRIVE PETERSBURG, VA 23805		OFFICER	X DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.							
/s/ ORLANDO		ORLANDO JAMES, PRESI			/5/2013		
	OF DIRECTOR/OFFICER O IN THIS REPORT	PRINTED NAME AND CORF	'ORAT	Ē	DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.							